



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D5090-1**  
**Job Sheet 183612**



Part No: D5090-1

Job Qty: 20 ea

Part Name: Bracket



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 9/21/18

Job Tracking No:

Due Date: 10/3/18

Created By: Shannon Hadley

Type: SOLD

Description:

Note: DWG REV D SHEETS 2,3 IPP REV:A 14.06.18 NEW ISSUE DD VERF:JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation  | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off        |
|-------|------------|--------|------------|----------|-----------|---------|-----------------------|-----------|-----------------|
|       |            |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                 |
| 100   | Waterjet   | 20 pcs |            | 10/3/18  | 0.00      | 2.25    | Waterjet 1            |           | SC 18/09/18     |
| 110   | QC         | 20 pcs |            | 10/3/18  | 0.00      | 0.00    | QC2 Waterjet-2        |           | SC 18/09/18     |
| 120   | QC         | 20 pcs |            | 10/3/18  | 0.00      | 0.00    | QC8-5                 |           | OCT 02 2018 68  |
| 130   | Brake NC   | 20 pcs |            | 10/3/18  | 0.04      | 0.74    | Brake NC 2            |           | SC 18/09/18     |
| 140   | QC         | 20 pcs |            | 10/3/18  | 0.00      | 0.00    | QC5                   |           | OCT 03 2018 68  |
| 150   | HandFinish | 20 pcs |            | 10/3/18  | 0.00      | 1.34    | HandFinish1           |           | D.R 18/10/18 38 |
| 160   | QC         | 20 pcs |            | 10/3/18  | 0.00      | 0.00    | QC7-4                 |           | OCT 03 2018 21  |
| 190   | Packaging  | 20 pcs |            | 10/3/18  | 0.00      | 0.00    | Packaging3-2          |           | OCT 03 2018 21  |
| 200   | QC21-SA    | 20 Ea  |            | 10/3/18  | 0.00      | 0.00    | QC21                  |           | OCT 03 2018 21  |

Part Op 100 - 1-Cut as per Dwg Dwg Rev: D Prog Rev: D 2-Deburr as required

OCT 03 2018

### Job BOM

| Part / Item  | Component Name     | Quantity             | Operation    | Container |
|--------------|--------------------|----------------------|--------------|-----------|
| M6061T6S.040 | 6061-T6 .040 Sheet | 21.4000 sf (1.07 ea) | 100-Waterjet | 5099479   |

### Job Allocations

| Operation    | Component Part | Required | Inventory | Allocated |
|--------------|----------------|----------|-----------|-----------|
| 100-Waterjet | M6061T6S.040   | 21       | 194       | 0         |

### Part Specifications

Specifications could not be found.

**DART**  
AEROSPACE

1410 AUSTIN RD  
Hawkesbury, ON K6A 1K7  
CANADA  
TEL.: 1 813 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

**Container No: S113593**



**Part: D5090-1**

**Job No: 183612**

**Serial No/Batch: S113593**

**Revision:**

**Inspector:**

**Exp Date:**

**Instructions: Various STC's**

**Date: 09/25/18**



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Tel (613) 632-5200  
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**D5090-1**

**Job Sheet 183295**



Part No: D5090-1

Job Qty: 20 ea

Part Name: Bracket



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 9/15/18

Job Tracking No:

Due Date: 10/3/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV D SHEETS 2,3 IPP REV:A 14.06.18 NEW ISSUE DD VERF:JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation | 20 Ea  |            | 10/3/18  | 0.00      | 0.00    | Start Up Waterjet     |           |          |
| 100   | Waterjet           | 20 pcs |            | 10/3/18  | 0.00      | 2.25    | Waterjet1             |           |          |
| 110   | QC                 | 20 pcs |            | 10/3/18  | 0.00      | 0.00    | QC2 Waterjet-2        |           |          |
| 120   | QC                 | 20 pcs |            | 10/3/18  | 0.00      | 0.00    | QC8-5                 |           |          |
| 130   | Brake NC           | 20 pcs |            | 10/3/18  | 0.04      | 0.74    | Brake NC 2            |           |          |
| 140   | QC                 | 20 pcs |            | 10/3/18  | 0.00      | 0.00    | QC5                   |           |          |
| 150   | HandFinish         | 20 pcs |            | 10/3/18  | 0.00      | 1.34    | HandFinish1           |           |          |
| 160   | QC                 | 20 pcs |            | 10/3/18  | 0.00      | 0.00    | QC7-4                 |           |          |
| 190   | Packaging          | 20 pcs |            | 10/3/18  | 0.00      | 0.00    | Packaging3-2          |           |          |
| 200   | QC21-SA            | 20 Ea  |            | 10/3/18  | 0.00      | 0.00    | QC21                  |           |          |

Part Op Descriptions: 100 - 1-Cut as per Dwg Dwg Rev: \_\_\_\_\_ Prog Rev: \_\_\_\_\_ 2-Deburr as required

### Job BOM

| Part / Item  | Component Name     | Quantity             | Operation             | Container |
|--------------|--------------------|----------------------|-----------------------|-----------|
| M6061T6S.040 | 6061-T6 .040 Sheet | 21.4000 sf (1.07 ea) | 90-Start up Operation |           |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M6061T6S.040   | 21       | 194       | 0         |

### Part Specifications

Specifications could not be found.



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                         |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |

